

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/009100

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		INC.	DEP.
1	1						51							
2		1					52							
3							53							
4		1					54							
5		1					55							
6		5		1			56							
7		GG					57							
8		GG		1			58							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL							TOTAL							
IND.							IND.							
DEP.							DEP.							
TOTAL							CLAIMS							